Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

| Filer Identificati | on | 2022 | C0581 | | | Re | port | ŧ | CAND | IDATE | √ | CC | MMITTEE | | LOBI | BYIST | | | |
|--|----------------------|-------------|-------------|-----------------------|------------|--------|--------|--------|--------------------|--|----------|------------|----------------------------|------------------------|---------|-----------|-----------|---|--|
| Number : | | 2022 | | | | | ed E | | | 1 | | | | | | | | _ | |
| Name of Filing C | Committee | e, Candida | ate or Lo | obbyist: | | ELI | SAB | ETH J. | . BAKER | | | | | | | | | | |
| Street Address: | | | | | | | | | | | | | | | | | | | |
| City: | _ | | | | | | | | State: | | | | Zip Code | Zip Code: 18627 | | | | | |
| TYPE OF REPORT | 6TH TUES PRE-PRIM | | 1. | 2ND FRIDA PRIMARY | Y PRE | - | 2. | 30 DA | | POST- | 3. | | AMENDMENT Yes N REPORT? | | | | | | |
| (place X to the right of | 6TH TUES PRE-ELEC | | 4. X | 2ND FRIDA ELECTION | y pri | E- | 5. | 30 DA | | POST- | 6. | | TERMINAT REPORT? | ΓΙΟΝ | Yes | No | ~ | | |
| report type) | ANNUAL | REPORT | 7. | Year 2022 | | | | | NG METH CHECK C | | | | PAPER | | ✓ | DISKE | TTE | | |
| Name of Office S | Sought by | Candidat | e: | | | | | | DATE (| TE OF ELECTION District Office Party Cod | | | | | | ty Code | County | , | |
| | | | | | | | | | МО | DAY | YE | AR | Number 20 | Code STS | REP | | code | | |
| SENATOR IN TH | HE GENEI | RAL ASSE | MBLY | | | | | | 1: | L | 8 | 2022 | ┢── | (SEE INS | TRUCTI | ONS FOR (| CODES) | | |
| Summary of | Receipts | and | МО | DAY | YEAR | 2 | | | МО | DAY | YI | EAR | FOF | OFFIC | E USE | ONLY | | | |
| Expenditures | from: | | | 6 7 | 2 | 022 | Т | 0 | Ġ |) | 19 | 2022 | | | | | | | |
| A. Amount Bro | ught Forv | vard Fron | 1 Last R | eport | | | | \$ | | • | 2,5 | 578.47 | | | | | | | |
| B. Total Moneta | ary Contri | ibutions A | And Rec | eipts (Fron | 1 Sche | dule | e I) | \$ | | | 1,1 | 191.74 | | | | | | | |
| C. Total Funds | Available | (Sum Of | Lines A | and B) | | | | \$ | | | | 0.00 |] | | | | | | |
| D. Total Expend | ditures (F | rom Sche | edule II | I) | | | | \$ | | | | 0.00 | | | | | | | |
| E. Ending Cash | Balance | (Subtract | Line D | From Line | C) | | | \$ | | | | 0.00 | | | | | | | |
| F. Value Of In- | Kind Cont | tributions | Receiv | ed (From S | chedu | le I | I) | \$ | | | | 0.00 | | | | | | | |
| G. Unpaid Debt | s And Ob | ligations | (From S | Schedule IV | ') | | | \$ | | | | 0.00 | | , | | | | | |
| | | | | | AFF | ID | AVI | T SE | CTION | | | | | | | | | | |
| PART I - If this is | s a Comm | ittee repo | ort, trea | surer sign | here. | If th | nis is | a Car | ndidate r | eport, o | candi | date sig | gn here. | | | | | | |
| I swear (or affirm) correct and comple | | eport, incl | uding the | attached sc | hedule | s file | ed on | paper | or by elec | tronic m | edium | , are to t | the best of | my know | /ledge | and beli | ef , true | | |
| Sworn to and subs | cribed befo | ore me this | | 20 | | | | | | | S | Signature | e of Person | Submitt | ing Rep | ort | | | |
| | | Signatur | re | | | | | - - | | | | | Printe | ed Name | | | | | |
| My Commission Ex | cpires | _ | | | | | | _ | | | | | Email | | | | | | |
| | | мо | D | AY | YR | | | | | Ar | ea Cod | le | Daytime | Telepho | one Nu | mber | | | |
| Part II- If this is | a report | of a cand | lidate's | authorized | Comn | nitte | ee, C | andid | ate shall | sign h | ere. | | | | | | | | |
| I swear (or affirm) No 320) as amende | | e best of m | y knowle | edge and beli | ef this | poli | itical | comm | ittee has | not viola | ted an | y provis | ions of the | act of Ju | ine 3,1 | 937 (P.L | . 1333, | l | |
| Sworn to and subsc | | re me this | | | | | | | | | | s | ignature of | Candida | te | | | | |
| | day of — | | | | | | | _ | | | | | Printed | Name | | | | | |
| | | Signature | | | | | | - | | | | | | | | | | | |
| My Commission Exp | oires | | | | | | | | | | | | Email | | | | | | |
| | _ | мо | D | AY | YR | ì | | - | | Area | Code | | Day | time Te | lephon | e Numb | er | | |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| , - | | | | |
|--|-----------|----------|--------------|-----------|
| Name of Filing Committee or Candidate | Reporting | J Period | | |
| ELISABETH J. BAKER | From: | 6/7/202 | <u>2</u> To: | 9/19/2022 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | | | | |
| TOTAL for the Reporting | g Period | (1) | \$ | 0.00 |
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) | | | | |
| Contributions Received From Political Committees (Part A) | | | \$ | 0.00 |
| All Other Contributions (Part B) | | | \$ | 0.00 |
| TOTAL for the Reporting | g Period | (2) | \$ | 0.00 |
| 3. Contributions Received Over \$250.00 (From Part C and Part D) | | | | |
| Contributions Received From Political Committees (Part C) | | | \$ | 0.00 |
| All Other Contributions (Part D) | | | \$ | 0.00 |
| TOTAL for the Reporting | g Period | (3) | \$ | 0.00 |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) | | | | |
| TOTAL for the Reporting | g Period | (4) | \$ | 1,191.74 |
| Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa | | | \$ | 1,191.74 |

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

| Name of Filing Committee or Candidate | | | Reporting Period | | | | | |
|---------------------------------------|-------|-------------------|------------------|------|------|----|--------|--|
| | | F | rom: | | То | : | | |
| | | | | DATE | | | AMOUNT | |
| Full Name of Contributing Committee | | | МО | DAY | YEAR | | | |
| Mailing Address | | | | | | \$ | 0.00 | |
| City | State | Zip Code (Plus 4) | | | | | | |

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL
0.00

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

| Name of Filing Committee | or Candidate | | Rep | oorting P | eriod | | | |
|--------------------------|--------------|------------------|-----|-----------|-------|------|----|------------|
| | | | Fro | m: | | To |): | |
| | | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4 |) | | | | | |
| | | | | | | | | PAGE TOTAL |

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PART C

Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

| ame of Filing Committee or Candidate | | | Reporting Period | | | | | | |
|---------------------------------------|----------------------|----------|------------------|------|-----|------|---------------|----------|------|
| | | | From: | | | То: | | | |
| | | | | DA | TE | | A | MOUNT | |
| Full Name of Contributing Committee | | | | мо | DAY | YEAR | | | 0.00 |
| Mailing Address | | | | | | | - \$ | | 0.00 |
| City | State | Zip Cod | e (Plus 4) | | | | | | |
| | | | | | | | | PAGE TOT | AL |
| Enter Grand Total of Part C on School | dule I, Detailed Sun | nmary Pa | age, Sectio | n 3. | | | \$ | (| 0.00 |

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

| Name of Filing Committee or Candidate | Name of Filing Committee or Candidate | | | orting Pe | riod | | | |
|---|---------------------------------------|---------------|---------|-----------|-------|------|------------|-----------------|
| | | | Fror | n: | | To | o : | |
| | | | | D | ATE | | | AMOUNT |
| Full Name of Contributor | | | | МО | DAY | YEAR | \$ | 0.00 |
| Mailing Address | | | | | | | 1 | |
| City | State | Zip Code (Plu | s 4) | | | | | |
| Employer Name | | | | Occupat | tion | | | |
| Employer Mailing Address/Principal Plac | e of Business | City | | | State | | Zip C | Code (Plus 4) |
| Enter Grand Total of Part C on Schee | dule I, Detailed Su | ımmary Page | Section | on 3. | | | \$ | PAGE TOTAL 0.00 |
| | | | | | | | | |

OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

| Name of Filing Committee or Cand | lidate | | Report | ing Perio | d | | | |
|-----------------------------------|---------------------|---------------|---------|-----------|---------|---------------|---------------------|------------|
| ELISABETH J. BAKER | | | From: | | 6/7/202 | <u>22</u> To: | o: <u>9/19/2022</u> | |
| | | | | D | ATE | | | AMOUNT |
| Full Name | | | | мо | DAY | VEAD | | F 47 06 |
| ELISABETH J. BAKER | | | | МО | DAT | YEAR | \$ | 547.00 |
| Mailing Address 1041 MOUNTAI | N VIEW DRIVE PO B | OX 59 | | 7 | 12 | 2022 | , | |
| City LEHMAN | State | Zip Code (| Plus 4) |] | | | | |
| | PA | 18627 | | | | | | |
| Receipt Description MILEAGE/S | SUPPLIES | • | | | | • | | |
| Full Name | | | | мо | DAY | YEAR | | 644.74 |
| ELISABETH J. BAKER | | | | MO | DAT | TEAR | _ \$ | 044.72 |
| Mailing Address 1041 MOUNTAI | N VIEW DRIVE PO B | OX 59 | | 8 | 4 | 2022 | <u>,</u> | |
| City LEHMAN | State | Zip Code (| Plus 4) | - | | | | |
| | PA | 18627 | | | | | | |
| Receipt Description | • | • | | | | | | |
| Enter Grand Total of Part E on So | shadula I. Datailad | Summary Bago | Section | 4 | | ſ | | PAGE TOTAL |
| Lines Grand Total of Part L on Se | chedule 1, Detailed | Summary Page, | Section | | | | \$ | 1,191.74 |
| | | | | | | | | |

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting Peri | od | |
|--|-----------------|----------------------------|-----------|
| ELISABETH J. BAKER | From: | <u>6/7/2022</u> To: | 9/19/2022 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | PER CONTRIBUTOR | 2 | |
| TOTAL for the Reporting Pe | eriod (1) | \$ | 0.00 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR | TF) | | |
| TOTAL for the Reporting Pe | eriod (2) | \$ | 0.00 |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G) | | | |
| TOTAL for the Reporting Pe | eriod (3) | \$ | 0.00 |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, | • | \$ | 0.00 |

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Ca | Reporting Period | | | | | | |
|---|----------------------|------------------------|---------|----------|------|-------------|------------|
| | From: | | | | | | |
| | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | - \$ | 0.00 |
| City | State | Zip Code (Plus 4) | | | | | |
| Description of Contribution: | • | | • | | | | |
| | | | | | Г | | |
| Enter Grand Total of Part F of Section 2. | n Schedule II, In-Ki | nd Contributions Detai | led Sum | ımary Pa | ge, | | PAGE TOTAL |
| | | | | | | \$ | 0.00 |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | Name of Filing Committee or Candidate | | | | | Period | | | | |
|---|---------------------------------------|------|------------------|--------|-------|--------------|-------|------|---------------------|------|
| | | | | Fro | m: | | To: | | | |
| | | | | | | DATE | | | AMOUNT | |
| Full Name of Contributor | | | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | - | | | | | \$ | 0.00 |
| City | State | ; | Zip Code(Plus 4) | | | | | | | |
| Employer of Contributor | | | | | Occup | ation | | | | |
| Employer Mailing Address/Principal Plac | e of Business | City | ′ | State | e Zip | Code(Plus 4) | Descr | ript | ion of Contribution | on |
| Enter Grand Total of Part G on Scho | edule II, In-Kir | nd C | ontributions De | etaile | ed | | | | PAGE TOT | ΓAL |
| Summary Page, Section 3. | | | | | | | | | | 0.00 |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting Period | | | | | | |
|---|------------------|-------------------|---------|-------------|----------|----|------------|
| | From | | | То: | | | |
| | | | | DATE | | | AMOUNT |
| To Whom Paid | мо | DAY | YEAR | | | | |
| Mailing Address | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | |
| Enter Grand Total of Expenditures on Page 1 Penert Cover Page Item (| | | | | | | PAGE TOTAL |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | \$ | 0.00 |